



CONSUMER PERSONAL INFORMATION REQUESTS

Residents of California may use this page to submit requests to exercise legal rights related to our collection and use of personal information. Please see our [Privacy Policy](#) for more information about your rights as well as how we collect, use, and disclose the personal information in our everyday business operations.

Please complete this form to submit your request. While not all fields are required, please be advised that we can only search for your information using the details that you provide; if you decline to provide information, our search may be incomplete. We will not use the personal information you submit in connection with a request for any purpose other than to effectuate your request.

If you are completing this request on behalf of another person, please fill in the consumer's information and add your information in the space provided.

Nature of Request (i.e., what would you like us to do?):

- ☐ Tell me the specific pieces of personal information you have collected about me
- ☐ Delete personal information you have collected [from/about] me
- ☐ Other (please describe): _____

Consumer Name: _____

Consumer Email Address: _____

Consumer Mailing Address: _____

Consumer Mobile Phone Number: _____

If the name or contact details on your account are different, please provide the name or contact details that may appear on your account:

Other Identifying details we should search (IP Addresses, Device IDs, etc):

Consumer Place of Residence:

- ☐ CA Resident
- ☐ Other

Please describe the nature of Consumer's relationship with Company:

- ☐ Customer
- ☐ Former Customer
- ☐ Uncertain / Other

Are you completing this request on behalf of another individual?

- ☐ Yes
- ☐ No

If Yes

Your name: _____

Your email address: _____

Your telephone number: _____

- ☐ I am the legal parent/guardian and the Consumer is under 18.
- ☐ I have legal authority to act on behalf of this individual (please attach proof of authorization).
- ☐ The Consumer has authorized me to act on his/her behalf (please attach proof of authorization).

For the protection of our customers, it may be necessary for us to request additional details to confirm your identity before we act on your request. We will contact you by email if this is necessary.

- ☐ **By completing this form, I affirm under penalty of perjury that the information I have provided is true and correct to the best of my knowledge.**

Type Full Name: _____

Date: _____

SUBMIT